

APPLICATION FOR RESIDENCY

-) Each adult (18 or over) must complete a separate application
-) No white out may be used. If an error is made, simply use a line such as this and then initial next to the change
-) No line may be left blank. If the item does not apply, please write "N/A" or "None"
-) The household will be accepted or denied as a household. If one person in a household is denied, all applicants within that household will be denied.
-) If you require assistance in completing this application, please contact the leasing office

1. YOUR Name (may be different than the head of household):

(First) (MI) (Last)

2. HEAD OF HOUSEHOLD'S Name (this may or may not be YOUR name):

(First) (MI) (Last)

(We may use the Head of Household and the Head of Household's contact information for communicating with all members of the household)

3. YOUR Information:

Address: _____

City, State, Zip: _____

Telephone: _____

Email: _____

4. How did you hear about us?

- Internet (Site: _____)
- Referred by Resident (Name: _____)
- Advertisement
- Other _____

- Walk-In
- Brochure/Flyer/Newspaper
- Employer

5. What size apartment are you requesting?

- Studio/Efficiency
- "Junior" One (1) Bedroom
- One (1) Bedroom
- Two (2) Bedrooms
- Three (3) Bedrooms
- Four (4) Bedrooms

Note: All sizes may NOT be available at this community!

(community stamp)	FOR OFFICE USE ONLY Bedroom size: _____ App. Date: _____ App. Time: _____ Staff Initials: _____
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11. Have you or any household member previously been convicted of criminal activity? Note: not all criminal offenses will be considered as a cause for rejection of the application.

YES or NO (Circle One)

If yes, please describe: _____

12. Are you or any household member currently on parole or probation? YES or NO (Circle One)

If yes, please describe: _____

13. Are you or any household member subject to a lifetime sex offender registration in any state?

YES or NO (Circle One)

If yes, please describe: _____

14. Have you or any household member experienced issues, either past or present, with bed bugs or other pest infestations at your current residence or community? YES or NO (Circle One)

If yes, please describe: _____

15. Have you or any household member ever been evicted from prior housing? YES or NO (Circle One)

If yes, please describe: _____

16. Do you or any household member owe a balance to a previous landlord? YES or NO (Circle One)

If yes, please describe: _____

17. Vehicle Information: Make: _____ Model: _____ Color: _____
Registered in your name? YES or NO (Circle One) **Insured?** YES or NO (Circle One)

(This area intentionally left blank)

18. RESIDENCY / LANDLORD HISTORY

Please list all residential history for the last ten (10) years. Any “blanks” or inaccurate information may cause the application to be immediately denied.

CURRENT ADDRESS	Address:				Own or Rent?
	City:	State:	Zip:	Subsidized?	
	Reason for Leaving:			Rental Amount:	
	Landlord Name:			Dates	From:
	Landlord Address:				To:
	Landlord Phone:				

IMMEDIATE PAST ADDRESS	Address:				Own or Rent?
	City:	State:	Zip:	Subsidized?	
	Reason for Leaving:			Rental Amount:	
	Landlord Name:			Dates	From:
	Landlord Address:				To:
	Landlord Phone:				

PREVIOUS ADDRESS	Address:				Own or Rent?
	City:	State:	Zip:	Subsidized?	
	Reason for Leaving:			Rental Amount:	
	Landlord Name:			Dates	From:
	Landlord Address:				To:
	Landlord Phone:				

****ATTACH SEPARATE PAGES IF MORE SPACE IS NEEDED****

19. INCOME, ASSETS, EXPENSES and other financial and eligibility information

The amounts listed below will be separately verified. The purpose of providing the information at the time of application is to attempt to make an initial determination of qualification for the rental obligations applicable to this community. More information will be required on a separate form.

Current Employer: _____ Net Monthly Income: \$ _____

Dates of Employment: (from) _____ - (to) _____ Position: _____

Employer's Address: _____

Employer's Phone Number: _____ Contact Person: _____

Previous Employer: _____ Net Monthly Income: \$ _____

Dates of Employment: (from) _____ - (to) _____ Position: _____

Employer's Address: _____

Employer's Phone Number: _____ Contact Person: _____

What is your household's total annual income from all sources? \$ _____

Examples include: Employment, unemployment, Social Security, SSI, SSDA, VA Benefits, military pay, Welfare Assistance, Annuities, retirement benefits, pensions, severance pay, death benefits, recurring gifts or contributions from others, child support, alimony, business income, or any and all other source.

What are your household's total assets?

Asset Type	Amount	Institution/Bank/Location
Checking Account		
Savings Account		
Benefits Card Balance		
CD's, IRA's, 401k's, trust accounts		
Other stocks, bonds, business ownership or other investments		
Real property		
Other Assets		

Other assets include: lump sum payments, cash, proceeds from settlements, real property (house, land, commercial property, etc.), investment assets, precious jewelry or metals held as a non-personal asset or investment, ownership of businesses, or any and all other assets which are not exempt from consideration?

Do not include personal property, personal jewelry (such as wedding ring), or personal vehicles.

PLEASE READ THE FOLLOWING: I understand that the information contained herein is being collected to determine my/our eligibility for residency and/or program eligibility. I understand that the owner/agent of the apartment community for which I/we are applying may utilize a consumer or credit reporting agency to make an inquiry (or inquiries) of my consumer or credit history, rental history, criminal history, general reputation, financial responsibility, and other factors which may affect eligibility. In addition to the consumer or credit reporting agencies, the owner/agent may utilize other means such as internet searches, third party or document verifications, and all other reasonable efforts to determine the accuracy of the information I provided herein and my eligibility to the property or program to which I am applying. I further understand that the owner/agent may continue to make such inquiries during the tenure of my tenancy at this apartment community to determine my continued eligibility. By signing this application, I release the owner/agent of this apartment community to obtain such information about me or my family that is pertinent to the rental of the apartment and determination of eligibility.

Initials:

_____ I understand that the Application Fee is non-refundable. We only accept money order, certified check, or other certified funds. No cash is accepted.

_____ I understand that the Administration Fee is non-refundable. It is a one-time processing fee to cover expenses related to applicant screening, lease preparation, and other costs associated with leasing the apartment.

_____ I understand that pets are not permitted.

_____ I understand that renter's insurance is required. A copy of the policy must be submitted to the leasing office at or before the time of move-in. The minimum limits are \$100,000 liability and \$15,000 for personal items.

_____ I understand that there may be parking restrictions. Parking will be restricted based on the number of vehicles permitted and the areas in which I or my guests may park.

_____ I understand that this apartment community may conduct "home visits" of my current residence in order to determine if I would be eligible for residency at this apartment community. Some restrictions apply, see our Resident Selection Plan for more details.

_____ I understand the deposit policy: If my application is denied, the deposit will be returned. I have 72 hours after submitting the security deposit to change my mind. After the 72 hour time-frame, should choose to cancel, I understand I will forfeit the deposit.

_____ I understand that my eligibility may vary, and if at any time I am determined to be eligible, I may be later determined to be ineligible due to numerous factors (examples include, but are not limited to, change in income, change in credit/criminal/rental and other history, change in household size, change in availability of appropriate apartment units, etc.)

_____ I certify that I have the legal authority to make application on behalf of any minors listed in this application, and to agree to all terms herein that I have agreed to on their behalf as well.

_____ I understand that all members of a household will be screened as one, if any one person within a household does not qualify for the apartment community or program, the entire household will be declined.

BY SIGNING BELOW, give my consent to have the owner/agent verify the information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information including names, addresses, phone numbers, account numbers (where applicable) and any other information required for expediting this process. I understand that my occupancy is contingent upon meeting the owner/agents tenant selection criteria.

I certify that all information and answers provided in this application and ancillary documentation are true and complete to the best of my knowledge and wish to make application for residency at this apartment community. I consent to the release of information relating to my credit, employment, and other information provided in this application and needed to make a determination of eligibility for residency.

Signature

Date

